

Director's Signature: CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: June 19, 2010

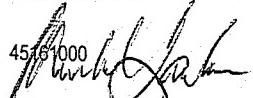
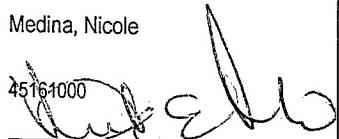
Employee Name:		Sunday 06/13/10	Monday 06/14/10	Tuesday 06/15/10	Wednesday 06/16/10	Thursday 06/17/10	Friday 06/18/10	Saturday 06/19/10
Corbett,Kate 45161000	Day: In - Out		045 2:45	6:50 2:50	045 2:45	6:50 2:50	6:50 2:50	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
<u>Kate Corbett</u> Employee Signature								
Document exceptions or comments, indicate type and amount.							HWC 75 ✓	
Desjardins, Stacey 8100-9745	Day: In - Out		10:50 4:50	10:45 5:15	8:05 4:05	7:30 3:30		
	Lunch: Out - In		12:00 12:30	— —	12:00 12:30	12:00 12:30		
	Outside Duty: From - To			11:05 1:35				
<u>Stacey Desjardins</u> Employee Signature								
Document exceptions or comments, indicate type and amount.			SIC 2.0 ✓	W. Roxbury SIC 1.0 ✓			HWC 75 ✓ SIC 7.5 ✓	
Dookhan, Annie 45161000	Day: In - Out		6:45 2:15	6:45 4:15	6:45 4:00	6:45 3:15	6:45 4:15	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
<u>Annie Dookhan</u> Employee Signature								
Document exceptions or comments, indicate type and amount.			OT 1.5 ✓	OT 1.5 ✓	OT 1.25 ✓	HOL 7.5 ✓	OT 1.5 ✓	
Frasca,Daniela 45161000	Day: In - Out		6:45 2:45	6:45 2:45	7:00 3:00		6:45 4:45	
	Lunch: Out - In		1:00 1:30	1:00 1:30	1:00 1:30		1:30 2:00	
	Outside Duty: From - To							
<u>Daniela Frasca</u> Employee Signature								
Document exceptions or comments, indicate type and amount.							HLN 75 ✓ 2.0hr OT	

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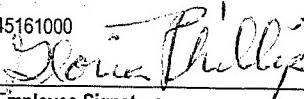
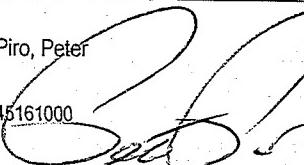
Employee Name:		Sunday 06/13/10	Monday 06/14/10	Tuesday 06/15/10	Wednesday 06/16/10	Thursday 06/17/10	Friday 06/18/10	Saturday 06/19/10
Glazer,Lisa 45161000  Employee Signature	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	
	Lunch: Out - In		12:00 12:30	12:00 12:30	1:15 8:45	12:30	12:00 12:30	
	Outside Duty: From - To				PLYmuth Distrct 11:15 1:05			
Document exceptions or comments, indicate type and amount.						HWC 25 ✓		
Lawler, Michael 45161000  Employee Signature	Day: In - Out		8:15 7:00	8:30 7:00	8:30 7:00	8:00 4:00	8:25 7:00	7:15 6:45
	Lunch: Out - In		1:30 1:30	12:25 12:55	1:45 2:15	2:30 3:00	2:30 3:00	1:30 2:00
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			2:15 OT	2:50 OT	2:50 OT	HOL 25	2:50 OT	11:00 OT
Medina, Nicole 45161000  Employee Signature	Day: In - Out		8:50 3:50		1:30 1am	3:30		
	Lunch: Out - In		12 12:30		12 12:30			
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			1.0hr SIC ✓	7.5hr SIC ✓		HLN 25 ✓	VAC 7.5 ✓	
O'Brien, Elisabeth 45161000  Employee Signature	Day: In - Out		7:35 4:10	8:30 2:00	7:35 5:05	7:30 7:30		
	Lunch: Out - In		11:00 1:05	~	11:30 1:20	11:30 1:20		
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			VAC 2.0 ✓	SIC 10 ✓		HWC 7.5 ✓	SIC 6.5 ✓	

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Employee Name:		Sunday 06/13/10	Monday 06/14/10		Tuesday 06/15/10		Wednesday 06/16/10		Thursday 06/17/10		Friday 06/18/10		Saturday 06/19/10	
Philips, Gloria 45161000 	Employee Signature	Day: In - Out			8:40	4:40	8:35	4:35						
		Lunch: Out - In			12:00	12:30	12:00	12:30						
		Outside Duty: From - To												
		Document exceptions or comments, indicate type and amount.		SIC 7.5 ✓				HLN 2.5 ✓ PER 2.5 ✓						
Piro, Peter 45161000 	Employee Signature	Day: In - Out			7:20	3:20	8:10	2:00				7:15	3:15	
		Lunch: Out - In			12:30	1:00						12:30	1:00	
		Outside Duty: From - To												
		Document exceptions or comments, indicate type and amount.		VAC 1.5 hr ✓ VAC 2.5 ✓ HLN 2.5 ✓										
Renczkowski, Daniel 45161000 	Employee Signature	Day: In - Out			6:45	8:30								
		Lunch: Out - In												
		Outside Duty: From - To												
		Document exceptions or comments, indicate type and amount.		SIC 5.5 ✓ SIC in FAM 7.5 ✓ SIC in FAM 7.5 ✓ HLN 2.5 ✓ SIC 7.5 ✓										
Saunders, Della 45161000 	Employee Signature	Day: In - Out			6:45	8:30			6:45	4:30	6:45	2:15	6:45	2:45 6:45 2:45
		Lunch: Out - In			1:30	2:00			1:30	2:00	1:30	2:00	1:30	2:00 1:30 1:50
		Outside Duty: From - To												
		Document exceptions or comments, indicate type and amount.		OT 0.75/hr ✓ VAC 7.5 ✓ OT 1.75/hr ✓ HOL 7.5 ✓ OT 7.5										

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William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 6/19/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: C. Salomone Date: 6/16/10

Department Head: Eric Ward Date: 6/16/10

Denial reason:

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lawler	130459	11 hrs			
Della Saunders	147387	7.5 hrs			
Zhi Tan	148724	10.5 hrs			